

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *40333*

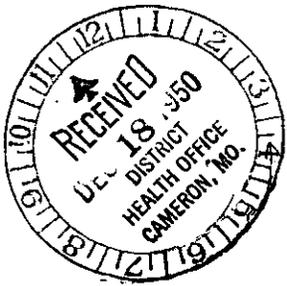
Registrar's No. *180*

381

BIRTH NO. _____ REG. DIST. NO. *120* PRIMARY REG. DIST. NO. *4194*

1. PLACE OF DEATH a. COUNTY <i>Gentry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Gentry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Albany</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Albany</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>0</i>	
3. NAME OF DECEASED a. (First) <i>Effie</i> b. (Middle) _____ c. (Last) <i>Chatfield</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 11-1950</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Dec. 6, 1871</i>
9. AGE (In years last birthday) <i>79</i>		IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Ohio</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Rester Chatfield</i>		13b. MOTHER'S MAIDEN NAME <i>Clarinda Richards</i>	14. NAME OF HUSBAND OR WIFE <i>Costa Chatfield Albany</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocarditis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Atherosclerosis</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<i>4221</i>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan</i> , 1949, to <i>death</i> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>11:54 a.m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Frank H. Rose, M.D.</i>		23b. ADDRESS <i>Albany, Mo.</i>	23c. DATE SIGNED <i>12-14-50</i>
24a. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Dec. 13, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Ford City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Ford City, Mo.</i>
DATE REC'D BY LOCAL REG. <i>Dec 15-1950</i>	REGISTRAR'S SIGNATURE <i>Edith Childs</i>	430	25. FUNERAL DIRECTOR'S SIGNATURE <i>Shaffer Broke</i> ADDRESS <i>Albany Mo</i>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



APR 27 1958

APR 21 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Clifford Brooks

Signed _____
Student Embalmer

Licensed Embalmer No. 3329

P. O. Address _____

Albany Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.